



**ENROLLMENT PACKET FOR THE
LOUISIANA
MEDICAL ASSISTANCE PROGRAM
(Louisiana Medicaid)**

**Therapeutic Horseback
Riding Therapy for OCDD
(Individual Only)**

(Enrollment packet is subject to change without notice)

Therapeutic Horseback Riding Therapy

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the DXC Technology Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Individual Therapeutic Horseback Riding Therapy provider:

Completed	Document Name
<input type="checkbox"/> *	1. Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Complete the Louisiana Medicaid Ownership Disclosure Information Form for Individual.
	5. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted).
<input type="checkbox"/>	6. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records (W-9 forms are not accepted).
<input type="checkbox"/>	7. Printout/certificate of one of the following certifications from the Professional Association of Therapeutic Horsemanship International: Equine Specialist in Mental Health and Learning, Certified Therapeutic Riding Instructor, Advanced Riding Instructor, and Master Riding Instructor. The certification must be current (not expired) and match the provider's name on the PE-50 Provider Enrollment form.
<input type="checkbox"/> *	8. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 7Y (Therapeutic Horseback Riding Therapy)

* These forms are available in the Basic Enrollment Packet for Individuals.

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS)

Please submit all required documentation to:
DXC Technology Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898